Practitioner's Docket No. 1-23339   ***PATENT***

REISSUE APPLICATION DECLARATION AND POWER OF ATTORNEY
(BY INVENTOR(S) OR ASSIGNEE)

(complete A or B)

☒ DECLARATION BY THE INVENTOR(S)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor *(if only one name is listed below)* or an original, first and joint inventor *(if plural names are listed below)* of the subject matter that is described and claimed in letters patent number 5,941,608 , granted on August 24, 1999 , and for which invention I solicit a reissue patent on the invention entitled Electronic Brake Management System With Manual Fail Safe

the specification of which

    ☐ is attached hereto.

    ☒ was filed on August 24, 200 as reissue application number / and was amended on _____ *(if applicable).* 09/939,509

    ☐ I hereby declare that there is no assignee for this application.

NOTE: *"Where no assignee exists, applicant should affirmatively state that fact. If the file record is silent as to the existence of an assignee, it will be presumed that no assignee exists." M.P.E.P., 6th ed., rev. 1, § 1410.01.*

B. ☐ DECLARATION BY ASSIGNEE

NOTE: *The assignee of the entire interest may make the declaration, if the reissue application does not seek to enlarge the scope of the claims of the original patent. 37 C.F.R. § 1.172.*

(type or print name of declarant)	Title

of _____ ,
    Name of company or legal entity on whose behalf declarant is authorized to sign

declare that I am a citizen of _____ and resident of _____ ,

_____ , that the entire title to letters patent number _____ ,

for _____ ,

granted on _____ , 19____ to _____
                                            Inventor(s)

is vested in _____
                Name of company or legal entity

that I believe said named inventor(s) to be an original, first and sole inventor *(if only one name is listed)* or an original, first and part inventor *(if plural names are listed)* of the subject matter that is described and claimed in the aforesaid letters patent and in the foregoing specification and for which invention I solicit a reissue patent.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR
(37 C.F.R. § 1.175)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

☐ In compliance with this duty, there is attached an information disclosure statement in accordance with 37 C.F.R. § 1.98.

PRIORITY CLAIM

NOTE: A "claim" for the benefit of an earlier filing date in a foreign country under 35 U.S.C. 119(a)–(d) must be made in a reissue application even though such a claim was made in the application on which the original was granted. However, no additional certified copy of the foreign application is necessary. M.P.E.P., 6th ed., rev. 1, § 1417.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

(complete C or D)

C. ☐ No such applications have been filed.

D. ☒ Such applications have been filed as follows:

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION

Country	Application No.	Date of filing (day, month, year)	Date of issue (day, month, year)	Priority Claimed
				☐ YES NO ☐
				☐ YES NO ☐
				☐ YES NO ☐

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION

_____

_____

_____

_____

BENEFIT OF PROVISIONAL APPLICATION

U.S. Provisional Application No. 60/038,043 filed Mar. 6, 1997, U.S. Provisional Application No. 60/032,595 filed Dec. 2, 1996, U.S. Provisional Application No. 60/018,814 filed May 31, 1996, and U.S. Provisional Application No. 60/013,005 filed Mar. 7, 1996.

STATEMENT OF INOPERATIVENESS
OR INVALIDITY OF ORIGINAL PATENT
(37 C.F.R. § 1.175)

That I believe the original patent to be

      ☒ partly

      ☐ wholly

inoperative or invalid by reason of (37 C.F.R. § 1.175(a)(1)):

(check all items that may apply)

      ☐ a defective specification

      ☐ a defective drawing

      ☒ the patentee claiming more or less than the patentee had a right to claim in the patent.

NOTE: At least one error must be relied upon as the basis for the reissue. 37 C.F.R. § 1.175(a)(1).

That the error listed above, which are being corrected, up to the time of the filing of this reissue declaration arose without any deceptive intention on the part of the applicant. (37 C.F.R. § 1.175(a)(2).

NOTE: For any error corrected not covered by this declaration applicant must submit, before allowance, a supplemental declaration stating that every such error arose without any deceptive intention on the part of the applicant. 37 C.F.R. § 1.175(b)(1).

      ☐ Corroborating affidavits or declarations of others accompany this declaration.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

(list name and registration number)

(check the following item, if applicable)

☒ I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

☐ Attached, as part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

☐ Address

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

Allen W. Inks
(419) 255-5900

☒ Customer Number   04859

04859
PATENT TRADEMARK OFFICE

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature(s)

☒ **BY THE INVENTOR(S)**

Full name of sole or first inventor ___GREGORY P. CAMPAU___

Inventor's signature ___Gregory P. Campau___ ___18 DEC 2001___

Date ___18 DEC 2001___ Country of Citizenship ___U.S.___

Residence ___47881 Thoreau, Plymouth, Michigan 48170___

Post Office Address ___Same___

Full name of second joint inventor, if any ___Andrew W. Kingston___

Inventor's signature _____

Date _____ Country of Citizenship ___Great Britain___

Residence _____

Post Office Address _____

☐ **BY ASSIGNEE OR PERSON AUTHORIZED TO SIGN ON BEHALF OF ASSIGNEE**

NOTE: Even though inventor(s) do not sign, complete above information for inventor(s).

(complete the following, if applicable)

_____
(type name of assignee)

_____
Address of assignee

_____

_____
Title of person authorized to sign on behalf of assignee

☐ Assignment recorded in PTO on _____

Reel _____

Frame _____

☐ A separate ☐ "ASSIGNMENT (DOCUMENT) COVER SHEET"
      or ☐ FORM PTO 1595 is submitted herewith along with the assignment _____

STATEMENT BY ASSIGNEE

☐ Attached is a "STATEMENT UNDER 37 C.F.R. 3.73(b)," establishing the right of the assignee to take action in this reissue.

_____
Signature of assignee or person authorized to
sign on behalf of assignee

(check proper box(es) for any added page(s) forming a part of this declaration)

☒ Signature for third and subsequent joint inventors. Number of pages added.
___1___.

☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added. _____.

☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 C.F.R. § 1.47. Number of pages added. _____.

☐ Statement of inoperativeness or invalidity of original patent. 37 C.F.R. § 1.175. Number of pages added _____.

☐ Authorization of attorney(s) to accept and follow instructions from representative.

☐ Corroborating statements of others.